



Construction Permit Fee Schedule

Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052

Tel: 207-626-3870
Fax: 207-287-6251

Make Check Payable to: "Treasurer, State of Maine"

New Construction

Permit Fee

\$.05/ square foot of occupied space
\$.02/ square foot for bulk storage occupancies

Renovations exceeding 80% of occupied space are considered to be new construction.
Public schools, (K-12), follow the renovation fee schedule below.

Renovations

Permit Fee

Construction Cost

\$25.00.....	For under.....	\$10,000.00
\$50.00	From	\$10,000.00
	but less than	\$20,000.00
\$75.00	From	\$20,000.00
	but less than	\$50,000.00
\$100.00	From	\$50,000.00
	but less than	\$100,000.00
\$150.00	From	\$100,000.00
	but less than	\$500,000.00
\$200.00	From	\$500,000.00
	but less than	\$1,500,000.00
\$250.00	From	\$1,500,000.00
	but less than	\$2,250,000.00
\$350.00	From	\$2,250,000.00
	but less than	\$3,000,000.00
\$450.00	From	\$3,000,000.00

Title 25 Section §2450

\$50.00.....For a Plan Review to acquire only an **Approval Letter**.

(This may be obtained only when a permit is not required by the State.)

(8-23-04)



Application for Construction Permit

Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052
Tel: 207-626-3880
Fax: 207-287-6251

Project Information

Building Name: _____
Project Name: _____
Street Location: _____ Town Location: _____
County: _____
New Building: ☐ Renovation: ☐ Addition: ☐ Occupancy Change: ☐
Date of Construction Start-up: _____ Number of Stories: _____
Square Footage: _____
Sprinkler System: ☐ Yes ☐ No Sprinkler Supervised: ☐ Yes ☐ No Estimated Project Cost: _____
Fire Alarm: ☐ Yes ☐ No Construction Permit Fee: _____

Occupancy Classification

Apartments ☐ Nursing Home ☐ Educational ☐
Hotel / Motel ☐ Industrial ☐ Daycare ☐
Rooming & Lodging ☐ Residential Care Large ☐ Detention ☐
Assisted Living ☐ Residential Care Small ☐ Business ☐
Hospital ☐ Assembly Class ≥ 1000 ☐ $\geq 300 \leq 1000$ ☐ ≤ 300 ☐ Other _____
Ambulatory Care ☐ Mercantile A ☐ B ☐ C ☐

Construction Type

Fire Resistive: Type I (443), (332) ☐ Unprotected Ordinary: Type III (200) ☐
Protected Non-Combustible: Type II (222), (111) ☐ Heavy Timber: Type IV (2HH) ☐
Unprotected Non-Combustible: Type II (000) ☐ Protected Wood Frame: Type V (111) ☐
Protected Ordinary: Type III (211) ☐ Unprotected Wood Frame: Type V (000) ☐

Addresses

Owner's Name: _____ Telephone: _____ Fax: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____
Design Professional: _____ Telephone: _____ Fax: _____
Maine Registration Number: _____ E-mail: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____

Signature of Applicant: _____

Preliminary Approval: ☐ Date: _____ Approved By: _____
Construction Permit: ☐ Date: _____ Approved By: _____
Approval Letter: ☐ Date: _____ Approved By: _____
-When a permit is not required

LOG #	DATE PLANS RECEIVED	REVIEW FEE	DATE FEE RECEIVED	CHECK #	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT #